



Inpatient and Outpatient Hospitals: Procedures for rebilling more than 90 days from the Service Date on the UB-92 claim form

Within 90 days.

If the new claim will be received by MassHealth within 90 days of the date of service, or within 90 days of the date of the explanation of benefits (EOB) from the primary insurer, you may correct all errors using the following method:

- Prepare a new claim form with the correct information.
- Attach any documentation that was required with your original submission.
- Submit the claim to MassHealth, P.O. Box 9118, Hingham, MA 02043.

Over 90 days.

If the new claim will be received by MassHealth over 90 days from the date of service or the date of the EOB, but within the one year or 18-month deadline, and the original claim was submitted within 90 days of the date of service, and the member ID number, pay-to-provider number, revenue code, service code, claim form type, or date of service is not changing.

- Prepare a corrected claim form. (It is not necessary to submit a separate form for each claim line.)
- Attach any documentation that was required with your original submission.
- Submit the claim MassHealth, Attention: Resubmittals, P.O. Box 9118, Hingham, MA 02043.

Note: If you are changing the date of service, the revenue code, or service code, you must:

- Prepare a new, corrected claim form (**Outpatient:** show a single line of service per form); (**Inpatient:** submit the entire claim).
- Enter an R on line A in box #37 on the UB-92 claim form.
- Enter the original transaction control number (TCN) from the denied claim following the R in box #37 on line A. (The original TCN is obtained from the first remittance advice showing the claim as “Denied.”)
- Attach any documentation that was required with your original submission.
- Submit the claim to MassHealth, Attention Resubmittals, P.O. Box 9118, Hingham, MA 02043.

Note: Box #2 must be left blank, if you make an entry use “white-out”, do not use a marker to delete an entry in this field.

If you are making changes to the member ID number, pay-to provider number, or claim form type, and you have exceeded 90 days from the date of service or the date of the EOB from the other insurer, you may request a 90-day waiver. Consult Part 6 of the billing instructions in your MassHealth provider manual for additional information on claim correction procedures.